

Utah Insurance Department Fraud Division

FY2021 Annual Report



MISSION STATEMENT

The Insurance Fraud Division acts as the primary law enforcement agency in the State of Utah for investigating suspected fraudulent insurance claims. The core mission of the Insurance Fraud Division is to protect the public from economic loss and distress. We do this by actively investigating, prosecuting and seeking restitution from those who commit insurance fraud. We further seek to deter insurance fraud through active public awareness education.

Insurance Commissioner:
Jonathan T. Pike

Fraud Division Director:
Armand A. Glick

Fraud Director's Message

The enclosed annual report provides an informative look at the efforts, accomplishments, and challenges of the Utah Insurance Department Fraud Division (IFD) for Fiscal Year 2021 (FY2021).

I am very proud of the efforts of the IFD and feel we have one of the most effective and successful insurance fraud investigative units in the nation. I am also proud of the continued collaboration and working relationship between the fraud division, insurance company special investigative units, local and federal law enforcement, the National Insurance Crime Bureau, and the Coalition Against Insurance Fraud. Collaboration with these partners is crucial for our overall success.

The IFD is not funded through taxpayer funds; instead funding primarily comes through assessment to insurers who operate in the State of Utah. The fraud assessment is based on total premium sold in the prior year by each company. There are nearly 1,600 companies licensed to sell insurance in the State. The IFD's annual budget is approximately \$2,600,000.

In addition to the fraud assessment, the IFD is authorized by state statute to recover the costs of our investigations from the defendants we prosecute.

Unfortunately, insurance fraud continues to be a crime that is accepted by many as a way to make financial gain. Many feel that insurance companies are just big businesses and that lying on a claim is okay since they have been paying for their insurance for years without ever filing a claim. Others simply look to insurance as an easy target for their criminal activities.

Insurance fraud is a major crime that imposes significant financial and personal costs on individuals, businesses, government and society as a whole. It is estimated that each household pays \$400—\$700 per year in increased (non-health) insurance premiums due to insurance fraud. It is a crime that affects us all. (FBI—Insurance Fraud 03/07/2010)

It is the goal of the IFD to aggressively investigate and prosecute offenders in an effort to reduce the cost of insurance fraud in the State of Utah to our citizens. We also strive to increase public awareness of insurance fraud and how it detrimentally affects our economy.

More than \$32 billion in fraudulent property/casualty claims are made annually in the United States. Estimates for health care fraud range between \$77—\$259 billion. (Insurance Information Institute, Insurance Fraud, January 2016)

The continued support for the IFD will allow Utah to remain a national leader in the field of insurance fraud investigations.

Sincerely,
Armand A. Glick
Director, Insurance Fraud Division
Utah Insurance Department

Insurance Department - Overview

The Utah Insurance Department (UID) is the state regulatory authority for the insurance industry and is responsible for enforcing all insurance-related laws of the State of Utah.

The mission of the UID is to foster a healthy insurance market by promoting fair and reasonable practices that ensure available, affordable and reliable insurance products and services.

The mission of the UID is accomplished through educating, serving and protecting consumers, governmental agencies, and insurance industry participants at a reasonable cost. We cooperate with and serve state and other governmental agencies in fulfilling these responsibilities.

While one of the UID's objectives is to investigate regulatory violations, the UID's fraud division was created in 1996 with the mission of investigating criminal insurance fraud. The IFD investigators are Utah POST certified Law Enforcement Officers.

The IFD works closely with insurance company investigators, local law enforcement, federal law enforcement, private non-profit organizations such as the National Insurance Crime Bureau (NICB), as well as state and federal prosecutors to bring both consumer and industry offenders to justice.

Incoming cases, tips, and complaints of possible fraud are received from a variety of sources. Most cases are received through ISO Claim Search and the National Insurance Crime Bureau (NICB), Special Investigative Units (SIU) within the insurance industry, other law enforcement agencies, and citizens.

When a tip or complaint is received, it is always reviewed by the IFD management team to determine whether further investigation is merited. Cases are then assigned to an investigator who pursues all possible leads, conducts interviews, and gathers evidence.

When the investigation is complete, the investigator presents the case to the Utah Attorney General's Office which is contracted to provide dedicated attorneys to prosecute insurance fraud. These attorneys are housed in the same offices with the fraud investigators. This coordinated approach results in greater success in case prosecution and resolution.

What is Insurance Fraud?

Insurance fraud happens when people deceive an insurance company in an effort to collect money to which they aren't entitled. Insurance fraud is the second most costly white-collar crime in America, behind tax evasion. Insurance industry studies indicate that 10 % or more of property and casualty claims are fraudulent.

The National Health Care Anti-Fraud Association conservatively estimates that 3%, or \$70 Billion, is lost to health care fraud each year. Other law enforcement estimates place this as high as 10%, or \$259 billion annually.

The Coalition Against Insurance Fraud estimates that insurance fraud costs Americans more than \$96 billion annually. The Coalition also believes that up to 30% of a policy holder's insurance premium is due to charges added to cover industry losses from insurance fraud.

Insurance fraud is typically committed by consumers, insurers, or service providers. A few general examples are as follows:

Consumer Fraud:

Adding items to a legitimate theft claim that were not stolen; obtaining insurance after an accident and claiming the accident occurred while insured; abandoning a vehicle and then reporting it stolen; staging an auto accident using a previously damaged vehicle and claiming the damage is all new; exaggerating injuries to receive treatment or compensation; lying about the number of drivers in your home on an application for insurance; creating false receipts to obtain replacement value on the claim; or doctor shopping for narcotics that are not medically necessary.

Insurance Agent Fraud:

Agents selling false insurance policies; keeping the policy holder's premium payments and not forwarding them to pay for the policy; or agents fraudulently using personal information belonging to someone else to obtain a better premium quote for the applicant.

Provider Fraud:

Health care providers, contractors, and others may artificially inflate their billings to insurance; a dentist may bill for high noble metals while using a lower grade material for a crown; a doctor may prescribe a treatment that is not medically necessary; or a roofer damages or removes more shingles in order to create enough damage for insurance to cover replacing the entire roof.

Insurance Fraud FAQ's (Coalition Against Insurance Fraud)

What isn't fraud?

- Good-faith disagreement between an insurance company and consumer about a claim; and,
- Decisions by an insurer to decline your application, or not renew your coverage.

Why is fraud so big?

- Insurance companies are in the business of paying claims. In many instances insurance companies unwittingly encourage fraud by paying suspicious claims too easily. It is cheaper to pay than risk fighting in court or a having a lawsuit for bad faith.
- Low risk crime. Insurance fraud is a low risk-high reward game. Jail sentences are often light. Professional organizations overseeing doctors and lawyers are reluctant to discipline peers convicted of insurance fraud.
- Consumers tolerate fraud. Too many consumers believe insurance fraud is justified. Two of five Americans want little or no punishment for insurance cheats; they blame the insurance industry for its fraud problems because they believe insurers are unfair.

What are the newest trends?

- Large fraud rings. Increasingly, organized criminal enterprises are entering insurance fraud. Staged accidents and health-fraud rings are especially active and spreading.
- Aging baby boomers. As seniors approach retirement they remain major targets of insurance swindles. Schemes in life insurance, long term health care coverage, Medicare and others likely will continue spreading.
- Immigrants are vulnerable. America's large and growing immigrant groups are frequent fraud targets. Con artists prey on immigrants' trust, lack of English skills and ignorance of how insurance works. Fraud rings consisting of these immigrants are also on the rise.
- Internet schemes. As consumers increasingly use the internet, new opportunities for swindlers are available to take money from victims and rout across international borders, posing significant problems for U.S. law enforcement.

How to protect yourself.

- Never sign blank insurance forms; Demand detailed bills for repairs and medical services, and check closely for accuracy; Be suspicious if the price of insurance seems too low to be true; Be careful of strangers who offer quick cash or urge you to see a specific medical clinic, doctor, or attorney following an accident; Contact the UID to verify an insurance agent is licensed; Keep your insurance ID protected.

Insurance Fraud—Current Challenges

COVID-19 and Insurance Fraud

Whenever the economy suffers an economic decline insurance fraud is likely to experience an increase. While insurers and state insurance fraud agencies have expected to see this trend, so far the numbers show similar increases in insurance fraud reporting as in previous years. However, insurance fraud typically trends a few months to a few years following these declines. So we still expect to see general increases over the next year.

COVID has effected how governments conduct business. For most of 2020 the courts stopped holding in person court. For many months they were closed to filing new cases and were unwilling to assign court dates for those cases they did file.

As a result the court system has a backlog of cases as they have tried to resume normal activity. Some benefits came as a result; the courts began holding court via zoom or other applications remotely. This has saved prosecutors a considerable amount of time as they no longer have to travel to court but can do so on their computer from home or in the office.

IFD investigators worked from home rather than the office creating challenges to conducting in person investigations.

Public Attitudes

In 2003 and 2010 Accenture conducted a survey of public attitudes regarding insurance fraud. The following results came from these surveys.

- 15% of surveyed persons admit to fraudulently inflating an automobile claim.
- 38% of surveyed person admit to fraudulently inflating a homeowner claim.
- Only 74% of persons surveyed between the ages of 18-24 believe it is wrong to overstate the value of an insurance claim.
- Only 84% of persons surveyed between the ages of 18-24 believe it is wrong to submit claims for items not lost or stolen or for fake injuries.
- More than 68% of Americans believe insurance fraud occurs because people can get away with it. This is up from 49% in 2003.

Workers Compensation Fraud

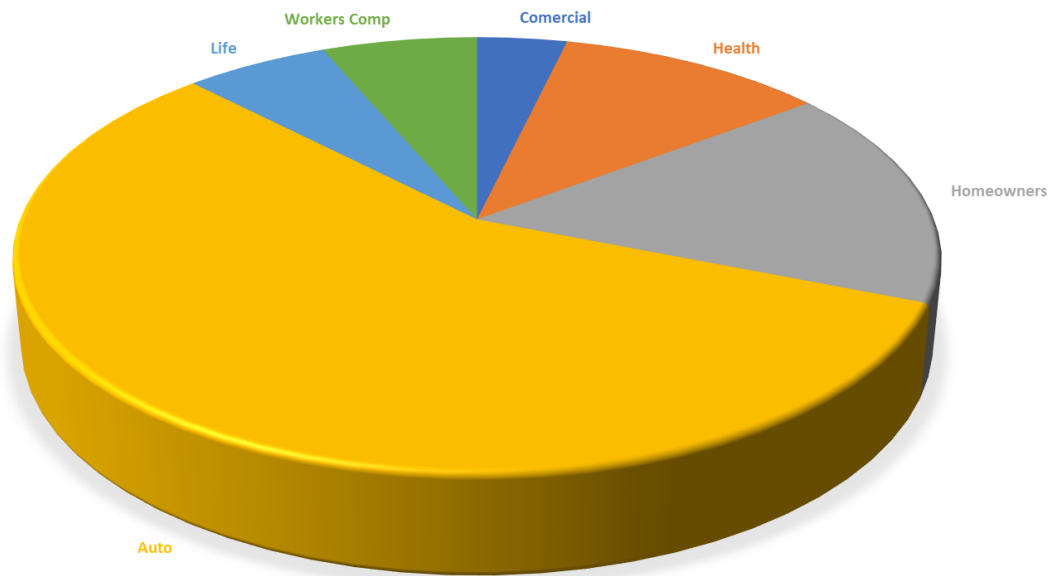
One of the categories we have seen a steady increase in cases referred to the IFD for investigation is workers compensation claims. The following statistics are quite telling when it comes to these types of cases.

- 58% of claimants are repeat claimants
- 52% of injuries have no witnesses
- 52% of claimants fail to report the injury promptly
- 51% of claims coincide with a change in employment status.

Referrals By Insurance Policy Type

In FY2021, the IFD received 972 referrals. This was a slight decrease from those received in FY2020. As shown in the pie chart below, the vast majority of referrals come from auto, home owners, health, and workers compensation insurance companies.

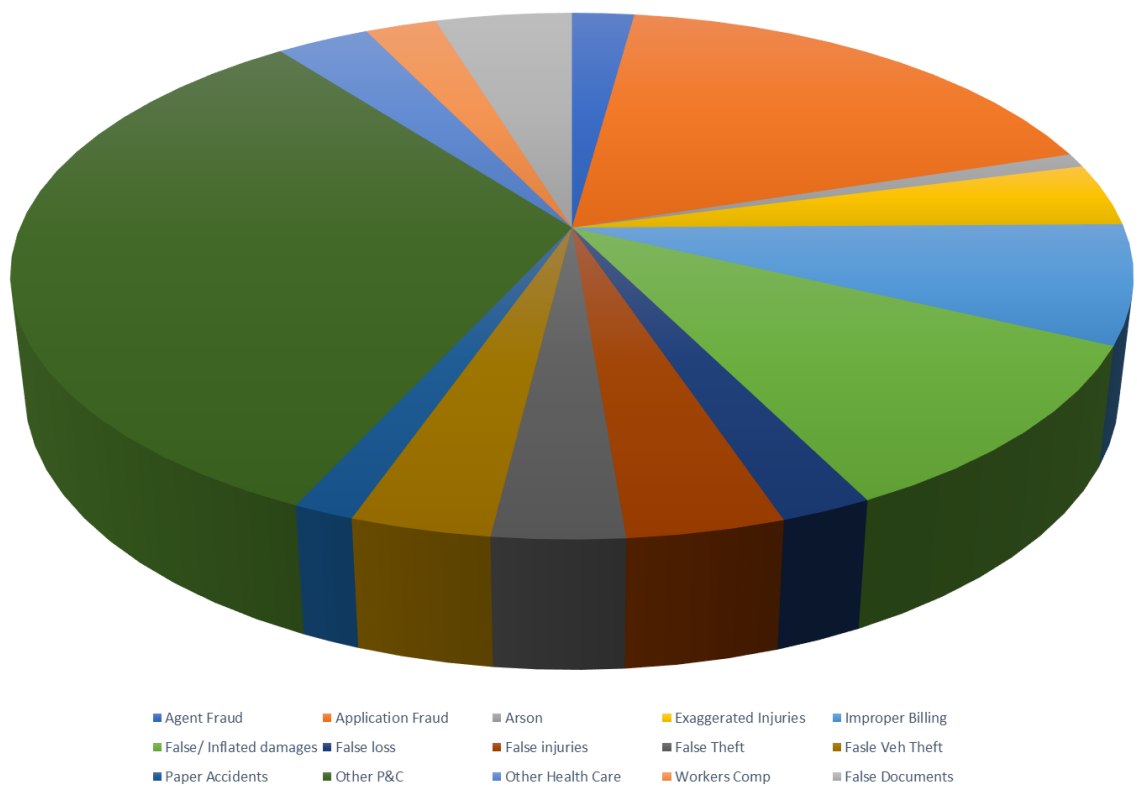
REFERRALS BY POLICY TYPE - FY2021



Referrals By Fraud Type

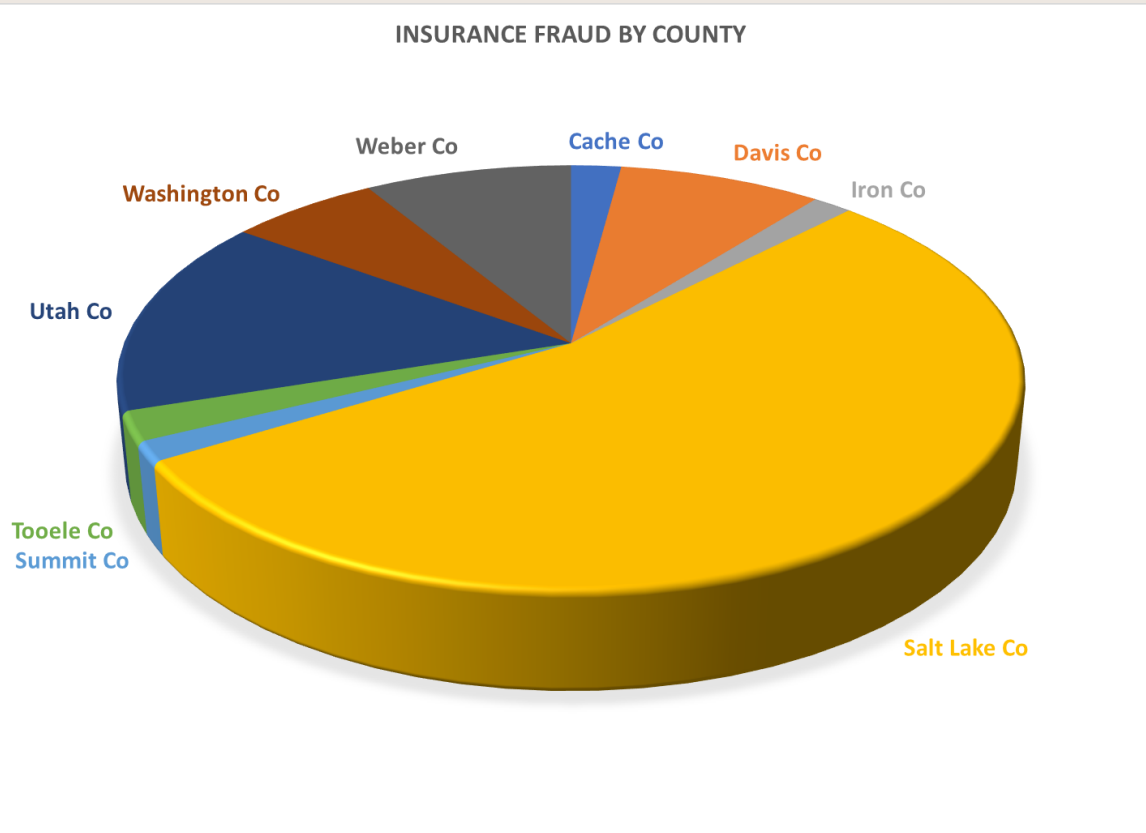
The following pie chart shows the types of insurance fraud cases reported. The majority represented general property and casualty type claims followed by application fraud and false or inflated damages. Application fraud primarily involves a person who is driving without insurance who is involved in an auto accident. They quickly obtain insurance and then claim the accident happened after they were insured.

Referrals by Fraud Type - FY2021



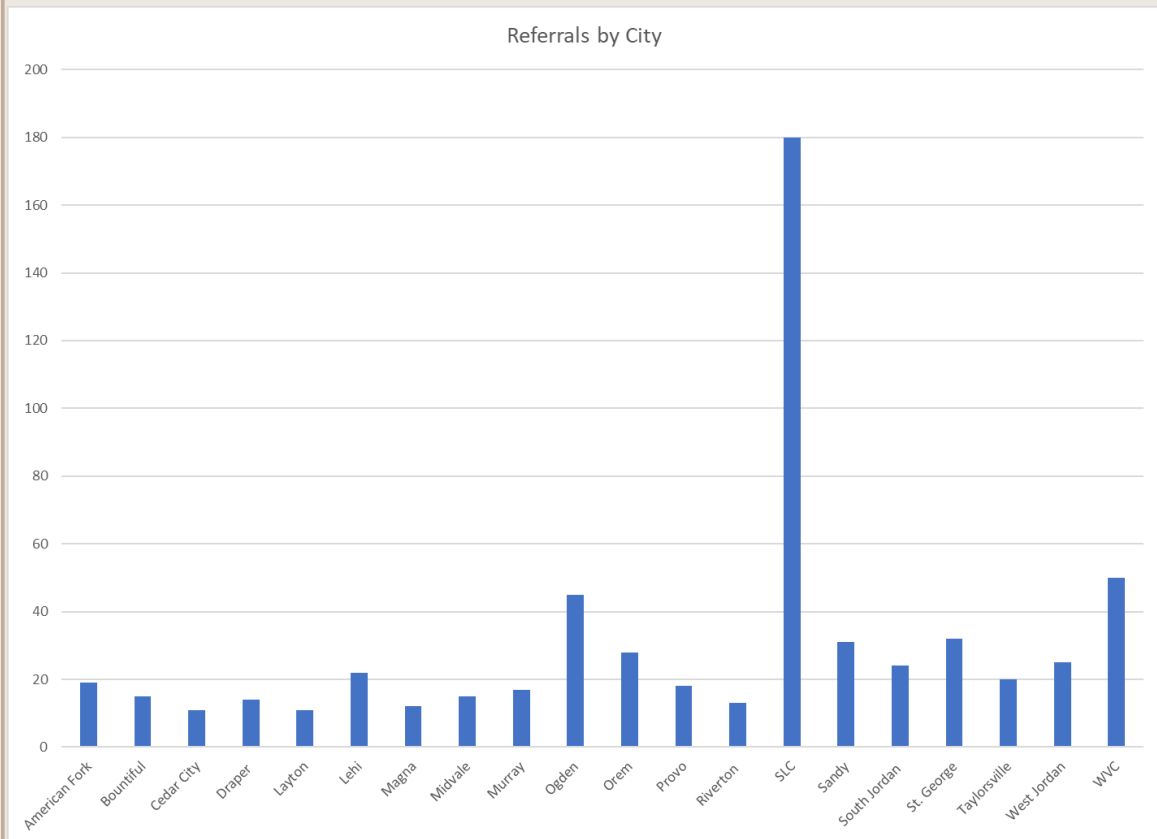
Fraud Referrals by County

The following pie chart represents the occurrence rates of suspected insurance fraud by county. Only those counties with at least 10 reports are listed.



Fraud Referrals by City

The following chart represents the occurrence of referrals for suspected insurance fraud by city. Note that Salt Lake City is represented significantly higher. Although this is true to a great extent, it should also be recognized that many reports by default list SLC as the occurrence location when in actuality, the fraud occurred in the Salt Lake County metropolitan area.

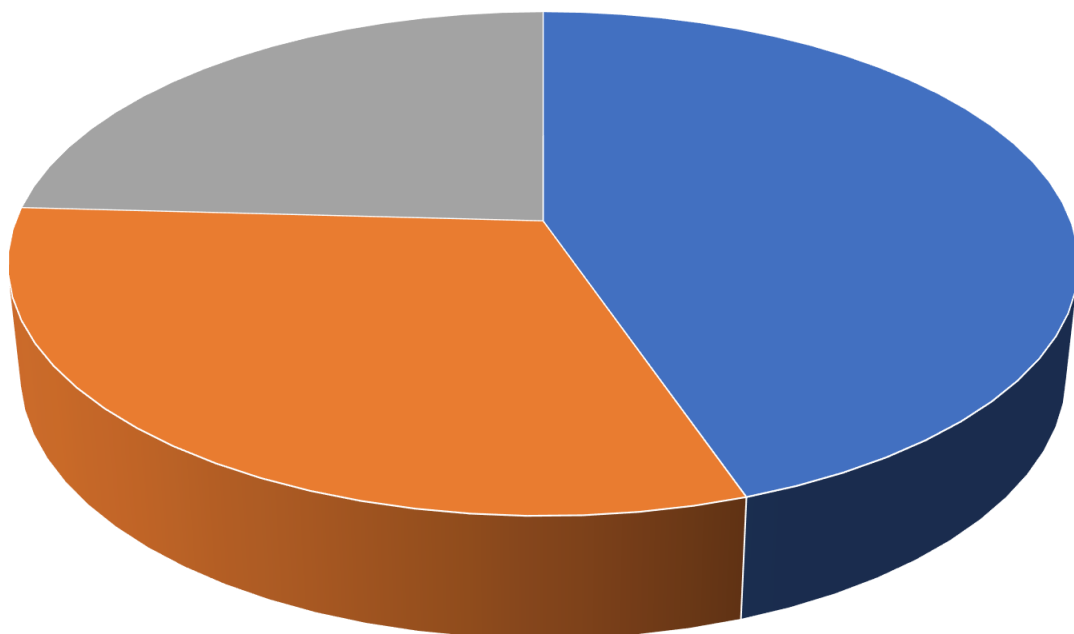


Suspects with Prior Criminal History

In the past, those who committed insurance fraud in Utah were less likely to have a criminal history. While there were many who would never think of committing a crime, when it came to insurance fraud they may have felt it was not a crime. They may have rationalized their actions because they have paid premiums for many years; they felt they were owed more for their claim; insurance fraud does not hurt anyone; these are just some of many reasons people rationalize insurance fraud.

In FY2021 the chart below shows that the dynamics of who commits insurance fraud has changed. Today more than 55% of all suspects have some sort of criminal history. Of that percentage, 24% have a violent criminal history; meaning they have committed a violent crime against a person.

Insurance Fraud Suspect with Criminal History - FY 2021

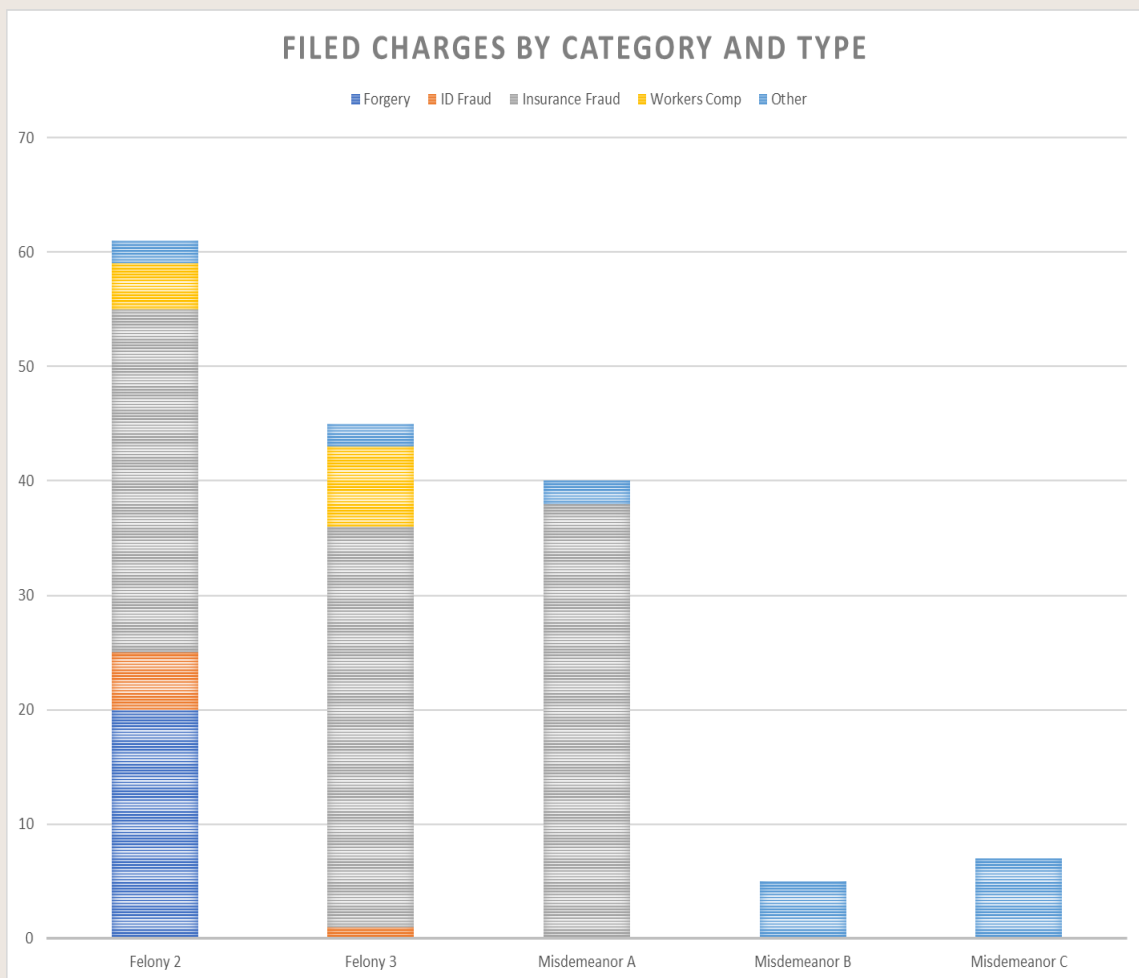


■ No Criminal History ■ Criminal History ■ Violent Criminal History

Charges Filed Overview

In FY2021 the IFD filed criminal charges against 112 defendants who were involved in fraudulent insurance claims. A total of 158 charges were filed. In most instances defendants were charged with multiple crimes based on the criminal actions they committed.

The most common charges filed in FY2021 are shown in the chart below along with the severity of these charges.



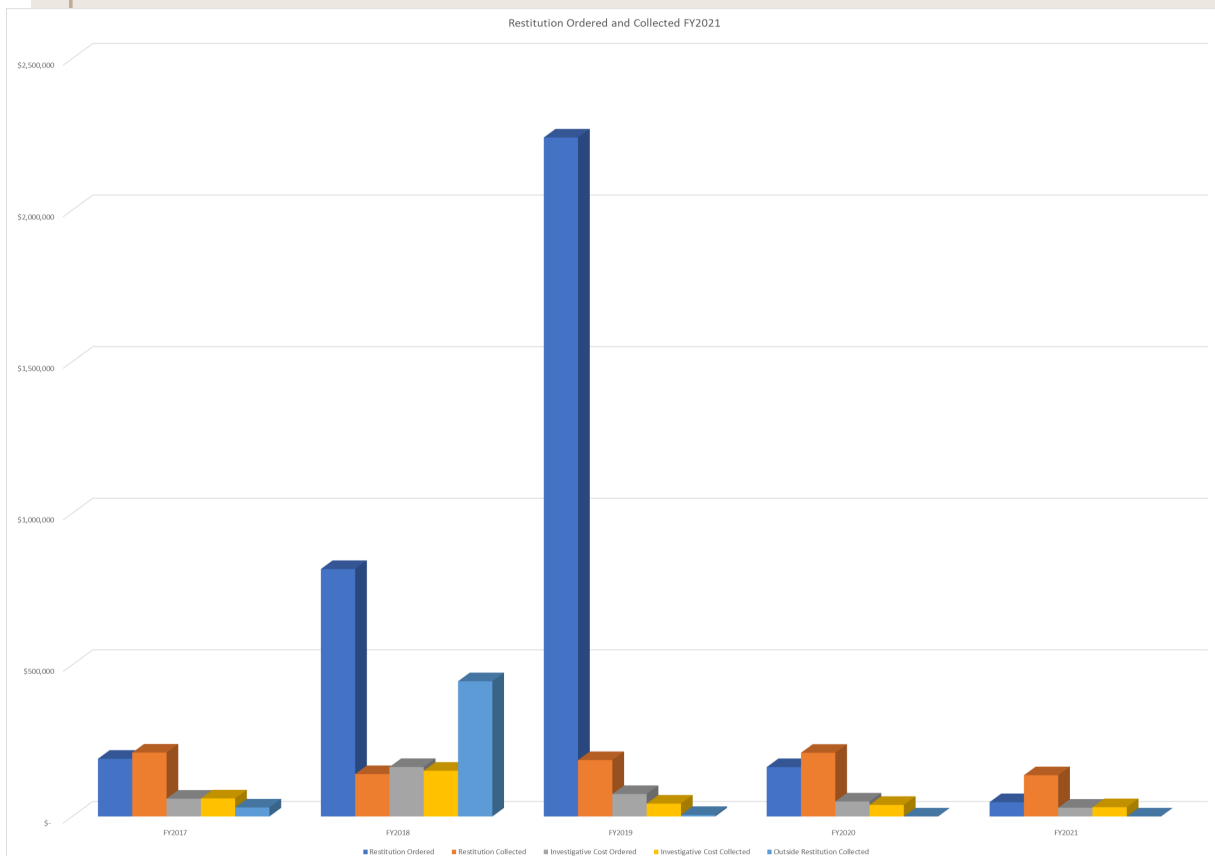
Restitution Collected

The IFD collects and tracks restitution paid in the cases prosecuted by the division. The IFD processes and accounts for defendant payments and then issues payment to the appropriate victims in each case. In FY2021 the IFD collected and distributed \$136,032 to victims of insurance fraud.

This past year the legislature passed a new law that will pass this responsibility to the courts and the office of state debt collection. The IFD will continue to collect restitution for past cases, while new cases will be done by the courts. Defendants who fail to pay will be turned over to the Office of State Debt Collection to collect what they owe.

The IFD is also allowed to recover the costs of their investigations. The IFD always issues restitution payments to victims first before collecting any investigative costs from those convicted of insurance fraud.

Many cases investigated by the IFD do not involve an actual loss to the insurance company. These fraudulent claims are discovered prior to insurance paying the claim. As of the date of this report, cases sentenced in FY2021 resulted in defendants being ordered to payback over \$97,087 in restitution, \$35,929 in fines, and \$48,138 in investigation expenses. This amount is unusually low, possibly due to COVID-19 and the inability to obtain trial dates for cases involving larger amounts of restitution. The potential loss value of the cases where criminal charges were filed was more than \$1,774,408.



Consumer Alert—Roofing Company Schemes

The past few years we have seen a significant increase in roofing company billing scheme referrals.

Consumers should be aware of the following red flags when dealing with a roofing contractor—

- Door to door sales by contractors advising your roof has damage and that your insurance will pay to replace or repair your roof.
- Contracts where the roofer takes over as the victim in your insurance claim (assignment of benefits), or where the contract gives authority for the roofer to work directly with your insurance company to negotiate payment of repairs.
- Contractors acting as a general contractor to add increased charges for oversight to the insurance company. A general contractor has value when overseeing a number of subcontractors but is of unnecessary when you are only dealing with a single roofing contractor.
- Roofing contractors who pit consumers against their insurance company and who tell the insured their insurance company is difficult to deal with.

Why these practices place the consumer at risk—

- Insurer/insured contracts may prohibit assignment of benefits.
- It is illegal for a contractor to act as a public adjuster (negotiate with an insurance company on behalf of the insured). Roofing companies are attempting to circumvent this law through assignment of benefits where they believe they have a right to negotiate with insurance because they have the rights to your claim. (Utah Insurance Code: 31A-26-201)
- Some contracts give the contractor rights to all payment from the insurance company and make you financially responsible for all legal fees if the contractor sues the insurance company. (you take all risk and they take all the reward)
- Although insurance may pay for damage to roofs caused by severe storms, they do not pay for damage caused to roofs from normal wear and tear and age. Trying to blame wear and tear on storm damage is not only unethical, it may also be insurance fraud; and both you and the contractor may be criminally charged. Lying on an insurance claim is insurance fraud.
- If your insurance determines the claim should not be paid, the consumer will be on the hook to pay for the repairs on their own. Some contracted repairs are not contingent upon the insurance paying and the consumer may not be able to stop the repair and will be liable to pay for whatever costs the contract calls for.
- The contractor may file a lien against your home.

How to protect yourself—

- If you believe you have a legal claim for damages, file the claim with your insurance company and let them send out an adjuster to evaluate the damages.
- If you disagree with the outcome, you have a right to hire a public adjuster independent from the insurance company to verify the value of the damages.
- A public adjuster is prohibited by law from having a relationship with any contractor. They are prohibited from representing a law firm. And they are prohibited from getting paid directly from the insurance company. (31A-26-312)
- Obtain bids for the repairs from several reputable companies.
- Work with your insurance company to select the bid that is right for your circumstances.

Consumer Alert—Cyber Attacks and Theft of Assets



Cyber Attacks pose an ever increasing risk to insurance agents, insurance companies, title companies, and consumers. Cyber attacks create real danger of financial losses to everyone.

Trends:

Criminals gain access to transaction information for real estate purchases and annuity investments through unsecured networks or emails. The criminals then use this information to misdirect funds to themselves via money transfers.

Examples:

A consumer is near closing on a home purchase and has been communicating via email with their real estate agent and the title company. They are expecting to close on Friday but on Monday an email arrives directing the title company to transfer the funds a few days earlier than expected. Everything in the communication looks legitimate except that the transfer is requested earlier than expected and money is requested to be sent to a different account. The money is sent and stolen.

A fraudster gains access to a consumers annuity account and while impersonating the consumer requests a withdrawal of investment funds. The funds are withdrawn and are stolen.

What Happened?

The fraudster's access is typically gained through accessing the involved agent or customers unsecured WIFI or email. The fraudster is then able to monitor incoming and outgoing emails and glean information pertaining to expected financial transactions. Or, access has been obtained through the suspects phishing of the agents or customers email accounts and one of them has unknowingly provided the necessary information by clicking on a false link or providing information believing the person was someone else.

The fraudster then uses the information obtained to impersonate one of the involved persons and request the money be redirected to their own account. If not caught within 48 hours the money is most often not recoverable and has been sent out of the country.

What can you do?

- Ensure your networks are secure and protected
- Set up two factor authentication on your business and personal emails
- Never wire money based on an emailed request without verifying via a follow-up phone call to a known person and number.

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Summary of Criminal Cases Filed

IFD-2020-00092-C

Filing Date: 07/02/2020

Charges Filed:

Workers Compensation Insurance Fraud, Felony 3

WCF: \$4,428

Exaggerated Injury/Malingering:

In August of 2019 Mr. L. reported to have been injured at work. Though no evidence of injury was found Mr. L. claimed to be unable to work or drive and requested transportation to medical visits. During these visits Mr. L. wore a neck brace and claimed to not be recovering. Surveillance found that outside of medical visits. Mr. L. drove, ran errands, went to the spa, etc., while not wearing a neck brace and without evidence of discomfort.

Case Status:

Mr. L. pled guilty to a reduced charge of "Misdemeanor A" Improper Appropriation and was ordered to pay \$4,248 in restitution to WCF and \$376 in investigation expenses to the IFD.

IFD-2020-00102-C

Filing Date: 07/02/2020

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$10,220

Application Fraud/Auto Accident Past Posting:

In February of 2020 Mrs. L's husband was involved in a traffic accident. Mr. L was notified of the accident and while police were in route to investigate, Mr. L. went online to reinstate their insurance policy which had been cancelled. Mr. L. claimed that there had been no accidents between the time their policy had cancelled and when he reinstated the policy.

Case Status:

Mr. L. pled guilty to 3rd Degree Felony Insurance Fraud and was ordered to pay \$9,720 in restitution to State Farm Insurance, \$500 to the victim in the auto accident, and \$251 in investigation expenses to the IFD.

Summary of Criminal Cases Filed

IFD-2020-00143-C

Filing Date: 07/08/2020

Charges Filed:

Insurance Fraud, Misdemeanor B
Forgery, Felony 3

American National: \$460

False Towing Claims:

From October 2018 through January 2019, Mr. M, who owned a towing company, submitted five false towing bills to his own insurance company alleging his vehicles had to be towed on several different occasions. Mr. M admitted that the tows never took place and that the towing receipts were fake.

Case Status:

Mr. M pled guilty to “Misdemeanor B” Insurance Fraud and “Misdemeanor A” Attempted Forgery and was ordered to pay American National \$450, investigation costs of \$803 to the IFD, was fined \$500, and placed on 36 months probation.

IFD-2020-00125-C

Filing Date: 07/15/2020

Charges Filed:

Insurance Fraud, Felony 2

Esurance: \$13,000

Vehicle Arson/False Theft Claim:

In January of 2020 Mr. G’s vehicle was found by a Weber County Sheriff’s Deputy partially burned. Mr. G claimed the vehicle was stolen. However cell phone records placed Mr. G in the area of the burned vehicle at the time of the fire and not where he said he was at the time. Mr. G had also missed payments on his vehicle. Mr. G is accused of setting his car of fire to commit insurance fraud.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2020-00156-C

Filing Date: 07/16/2020

Charges Filed:

Insurance Fraud, Felony 3

Farmers: \$2,700

Application Fraud/ Auto Damage Past Posting:

In January of 2020 a vehicle was parked in front of a basketball standard owed by Mrs. B which was set up in front of her apartment. A windstorm came and blew the basketball standard over onto the parked car causing damages. When Mrs. B realized what had occurred she obtained a renter's policy from Farmers and then filed a claim that the damages occurred after she was insured.

Case Status:

Mrs. B pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay \$500 in restitution, \$1,054 in investigation costs to the IFD, a fine of \$500, and 36 months probation.

IFD-2020-00185-C

Filing Date: 07/22/2020

Charges Filed:

Forgery, Felony 3

Insurance Fraud, Felony 2

Driving Without Insurance, Misdemeanor C

GEICO: \$6,928

Application Fraud/Auto Accident Past Posting:

In March of 2020 Mr. E filed a claim that he had run into a pole in a parking lot causing extensive damage to his vehicle. Mr. E had not yet listed the involved vehicle on his insurance and represented that it had been recently purchased to replace another vehicle that was on his policy. Based on this information, GEICO provided coverage. It was later discovered that the bill of sale date had been altered and that the vehicle had actually been purchased six months prior and had been driven without insurance since that time.

Case Status:

Mr. E pled guilty to Insurance Fraud and Forgery, both "class A Misdemeanors", and was ordered to pay \$1,576 in investigation costs to the IFD, \$1,000 fine, and 18 months of probation.

Summary of Criminal Cases Filed

STAIFD-2019-00403-C

Filing Date: 07/29/2020

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$40,232

Application Fraud/ Auto Vandalism Past Posting:

In October of 2020 Mrs. B contacted Progressive to reinstate her auto insurance policy after it had cancelled. Mrs. B later called to file a vandalism claim to her vehicle claiming it had occurred after she had reinstated her policy. The investigation discovered that the damage had occurred prior to the policy being reinstated.

Case Status:

Mrs. B pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay \$452 in investigation costs to the IFD, a fine of \$250, and 18 months probation.

IFD-2020-00153-C

Filing Date: 07/29/2020

Charges Filed:

Workers Compensation Insurance Fraud, Felony 3
Forgery, 2 counts, Felony 3

WCF: \$2,958

Premium Avoidance/Presenting Forged certificates of Insurance:

In April of 2018 and March of 2020, Mr. D, who was a siding subcontractor, presented forged certificates of workers compensation insurance to a general contractor in order to be allowed to work on contracted projects. Mr. D did not actually have coverage, making the general contractor liable for any injuries that may have occurred during Mr. D's work.

Case Status:

Mr. D pled guilty to Workers Compensation Insurance Fraud, a "class A Misdemeanor" and was ordered to pay \$1,345 to the contractor and \$602 in investigation costs to the IFD.

Summary of Criminal Cases Filed

IFD-2020-00198-C

Filing Date: 08/07/2020

Charges Filed:

Insurance Fraud, Misdemeanor B
Identity Fraud, Felony 3
Forgery, Felony 3

American National: \$684

False Auto Glass Billings:

In November of 2018 Mr. M, who operated a rock chip and auto glass replacement company, submitted a false invoice to a customer's insurance claiming he had replaced a windshield. The fraud was discovered in March of 2020 when the vehicle owner had his windshield replaced and discovered that his insurance had paid Mr. M for replacing the windshield in 2018. The investigation discovered that Mr. M had obtained the owner's information when he approached the owner while the owner was washing his truck at a car wash.

Case Status:

Court Case Pending

IFD-2020-00240-C

Filing Date: 08/11/2020

Charges Filed:

Insurance Fraud, Misdemeanor A

Esurance: \$1,060

Application Fraud/Auto Accident Past Posting

In May of 2020 Mrs. C backed her car into a parked vehicle in front of her residence while driving without insurance. Mrs. C left a note on the victim car and quickly purchased insurance. Mrs. C then claimed the accident had occurred after she had obtained insurance.

Case Status:

Mrs. C pled guilty to Insurance Fraud, a "class A Misdemeanor" and was ordered to pay \$1,060 in restitution to Esurance, \$276 in investigation costs to IFD, and 24 months probation.

Summary of Criminal Cases Filed

IFD-2020-00073-C

Filing Date: 08/11/2020

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$2,770

Application Fraud/Auto Accident Past Posting:

In February of 2020 Mr. J reinstated his auto insurance policy. He later filed a claim that same day that he had backed into another car while leaving a parking stall. It was discovered that the accident happened prior to Mr. J reinstating his policy.

Case Status:

Court Case Pending

IFD-2020-00196-C

Filing Date: 08/17/2020

Charges Filed:

Insurance Fraud, Misdemeanor A

Esurance: \$1,432

Attempt to file claim for prior damages:

In February of 2020 Mr. S filed a claim for damages on his vehicle. The investigation found that in 2018 Mr. S was paid for the same damages to his vehicle and had not repaired them. Mr. S claimed it was a mistake and he thought the damages were all new.

Case Status:

Mr. S pled guilty to Insurance Fraud a "class A Misdemeanor" and was ordered to pay \$514 in investigation costs to the IFD, 20 hours community service, and 12 months probation.

Summary of Criminal Cases Filed

IFD-2020-00019-C

Filing Date: 08/20/2020

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$2,485

Prior Damages:

In October of 2019 Mr. R was involved in an auto accident where he was rear-ended by another vehicle. When Mr. R filed the claim with the at fault driver's insurance he claimed that he was pushed into a third vehicle in front of him causing damage to the front of his vehicle. Mr. R claimed that the vehicle in front of him left the scene. There was no evidence in photos of the missing front end parts at the scene and Mr. R had told the other drive he had been in a different accident two days prior. The investigation believes that the damages were pre-existing and that Mr. R was trying to get pre-existing damages paid by the new claim.

Case Status:

Court Case Pending

IFD-2020-00203-C

Filing Date: 08/20/2020

Charges Filed:

Forgery, Felony 3
Insurance Fraud, 2 counts, Felony 2

Travelers: \$10,887

False Damage Claims/Forged Documents:

In November 2019 Mr. S filed a water loss claim occurring in his residence. As part of the claim, Mr. S presented an invoice for carpet removal and replacement. The investigation discovered that Mr. S had filed a claim in November of 2018 where he had the same carpet replaced due to drug usage which had caused the house to be condemned. Both claims were investigated and discovered that Mr. S misrepresented who used the drugs and that the first claim would not have been paid had he been truthful. It was also discovered that Mr. S used the same invoice in the 2019 claim that had been used in 2018, however he had altered the dates and the names on the invoice and had not actually replaced the carpet in the 2019 claim.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2020-00099-C

Filing Date: 08/25/2020

Charges Filed:

Communications Fraud, Felony 2
Forgery, 3 counts, Felony 3

Bear River: \$25,000

Attorney Misconduct/False Settlement/Forged Documents:

In November of 2017 a Bear River Insured was involved in an auto accident where the victim driver was injured. The injured driver contracted with an attorney, Mr. B, to represent her in settling her claims with Bear River Insurance. In 2019, Mr. B prepared a fake settlement letter in the amount of \$230,000 and gave this to the injured driver falsely representing that a settlement had been reached and a check in that amount was being sent to her. The preparation of this letter was to dupe the injured driver into paying Mr. B \$30,000. Later Mr. B altered a Bear River check from another client by placing the insured's name on the check and increasing the amount to be \$25,000 and gave this and another check for \$25,000 to the injured driver. The Bear River Check was discovered to be a forgery and Mr. B cancelled the other check before the injured driver could cash it. Mr. B also presented a forged settlement agreement allegedly signed by the injured driver to Bear River settling the claim for \$25,000 and sent a letter to the injured driver telling her he would accept \$30,000 from her as payment in full and that his bills were larger than that

Case Status:

Court Case Pending

IFD-2019-00364-C

Filing Date: 08/26/2020

Charges Filed:

Insurance Fraud, Misdemeanor A
Insurance Fraud, Misdemeanor A

Progressive: \$1,278

Application Fraud/Auto Accident Past Posting:

In September 2020 Mrs. W and Mr. Y were involved in an auto accident while driving without insurance. Mrs. W purchased insurance and Mr. Y provided the policy to the other driver to file the claim. Both claimed the accident occurred after they had purchased insurance.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2020-00278-C

Filing Date: 08/27/2020

Charges Filed:

Insurance Fraud, Felony 3

Liberty Mutual:

\$4,393

Prior Damages/Double Claims:

In June of 2019 Mr. V was involved in an auto accident where he alleged the rear of his truck was damaged. The investigation found that Mr. V had been involved in a prior accident just a few days prior and that the damages he was claiming in the second accident were the same as those caused in the first accident.

Case Status:

Mr. V pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay a \$1,000 fine, \$200 in investigation costs to the IFD, and 18 months probation.

IFD-2020-00110-C

Filing Date: 09/08/2020

Charges Filed:

Insurance Fraud, Felony 2

Esurance:

\$7,492

False Claim while Driving for Uber:

In January of 2020 Mrs. G was driving for Uber when she was involved in an auto accident. Mrs. G filed a claim with her personal auto insurance claiming she was not driving for Uber when the accident happened in order for her personal auto coverage to apply. The investigation found Mrs. G was driving for Uber at the time and lied to obtain coverage for the accident.

Case Status:

Mrs. G pled guilty to Insurance Fraud, a 3rd Degree Felony, and was sentenced to pay \$1,000 in fines, \$652 in investigation expenses to the IFD, and 18 months probation.

Summary of Criminal Cases Filed

IFD-2020-00270-C

Filing Date: 09/22/2020

Charges Filed:

Insurance Fraud, Felony 3

GEICO: \$1,627

Prior Damages:

In June of 2020 Mr. D filed a claim that he had damaged his vehicle rims while driving his vehicle on a dirt road. The investigation showed that the damages occurred over a long period of time and were pre-existing the purchase of his car.

Case Status:

Mr. D pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay \$1,000 fine, \$1,004 in investigation expenses to the IFD, and 12 months probation.

IFD2020-00058-C

Filing Date: 09/24/2020

Charges Filed:

Insurance Fraud, Felony 3
Identity Fraud, Felony 3

Farm Bureau: \$5,300

Stolen Identity/False Accident Claim:

In July of 2019, Mr. A contacted Farm Bureau Insurance claiming he had been run into the back by one of their insureds and had been injured. The investigation discovered that on the day of the alleged accident, the insured was parked at a gas station. When he came out he found a Hispanic male taking photos of his truck and he found that someone had gone through his van and removed his insurance card and registration which was laying on the seat. Mr. A used the stolen personal information to file a false claim that the insured had been in an accident with him. The investigation also found that the claimed damages to Mr. A's truck were pre-existing to the claimed accident.

Case Status:

Mr. A pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay \$999 in investigation expenses to the IFD, and 24 months probation

Summary of Criminal Cases Filed

IFD-2020-00098-C

Filing Date: 09/25/2020

Charges Filed:

Insurance Fraud, Felony 2

Allstate: \$12,649

False Theft Claim/Inflated Theft:

In July of 2019 Mr. W filed a claim that someone had broken into his garage and stolen over \$12,000 in property. The investigation discovered that several items Mr. W reported stolen were either pawned by Mr. W or previously reported stolen in other claims. Mr. W also presented quotes representing them to be receipts which showed a higher price than what was actually paid for reimbursement

Case Status:

Mr. W pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay \$778 in investigation expenses to the IFD, a fine of \$500, and 12 months probation.

IFD-2020-00276-C

Filing Date: 09/30/2020

Charges Filed:

Insurance Fraud, Misdemeanor A
Driving Without Insurance, Misdemeanor C

Esurance: \$10,000

Auto Accident Past Posting/Application Fraud:

In May of 2020 Mr. L was involved in an auto accident while driving without insurance. After the accident Mr. L purchased an insurance policy online and tried to claim the accident had occurred after he had purchased the insurance policy.

Case Status:

Mr. L pled guilty to "Misdemeanor B" Insurance Fraud and was ordered to pay a \$500 fine, \$200 in investigation expenses, and 12 months probation.

Summary of Criminal Cases Filed

IFD-2020-00260-C

Filing Date: 09/30/2020

Charges Filed:

Forgery, Felony 3

MetLife: \$1,200

Stolen Motorhome/Forged Documents to Increase Value:

In October 2019 Mr. J reported his Motorhome was stolen along with a 24 foot trailer with three vehicles on it. As part of the claims process Mr. J presented MetLife with forged documents indicating the mileage on the motorhome was much less than the actual mileage in an effort to increase the claim value.

Case Status:

Pending Court Action

IFD-2020-00271-C

Filing Date: 09/30/2021

Charges Filed:

Insurance Fraud, Felony 2
Forgery, Felony 3

USAA: \$5,657

Staged Accident/False Injury Claim:

In May of 2020 Mr. G rented a residence through VRBO. Mr. G claimed he was injured when a sliding barn style door used to separate his rental from another section of the rental fell off the slide and landed on him while he was sitting on a couch. As part of the claim Mr. G provided altered medical statements. The investigation indicates that the barn door could not have come off the tracks on their own and there was no indication of any damages that would have been caused had it done so.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2020-00301-C

Filing Date: 10/21/2020

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$820

False Theft/Inflated Theft Claim:

In June of 2020 Mr. D filed a claim that items were stolen from his vehicle. Photos that Mr. D provided to progressive insurance showing the alleged stolen items were taken after the reported date of loss. Mr. D admitted to padding his theft claim in an attempt to obtain more money for the claim.

Case Status:

Mr. D pled guilty to "misdemeanor A" Insurance Fraud and was ordered to pay a fine of \$500, \$266 in investigation expenses to the IFD, and 18 months probation.

IFD-2020-00250-C

Filing Date: 10/22/2020

Charges Filed:

Insurance Fraud, Felony 2
Insurance Fraud, Felony 3
False Police Report, Misdemeanor B

United Insurance: \$25,689
Safe-guard: \$4,668

Owner Give Up/False Auto Theft Claim:

In April of 2020 Mr. D reported his 2010 Ford Mustang was stolen and filed an auto theft claim. The investigation discovered that Mr. D's Mustang had mechanical problems. Mr. D enlisted two co-workers to rent an auto carrier and tow his vehicle to Tooele where they stripped the vehicle of its engine and parts, and then left it abandoned near Simpson Springs, where it was later recovered by police.

Case Status:

Mr. D pled guilty to 3rd Degree Felony Insurance Fraud and was ordered to pay \$21,020 in restitution to United insurance, \$4,668 to Safe-Guard, \$990 in investigation expenses to the IFD, and 36 months probation.

Summary of Criminal Cases Filed

IFD-2020-00244-C

Filing Date: 10/26/2020

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$1,436

Auto Accident Past Posting/Application Fraud:

In May of 2020 Mrs. W hit a deer while driving her vehicle. The investigation discovered the accident had occurred two months prior to Mrs. W obtaining insurance with progressive and that Mrs. W lied about the accident happening after she was insured.

Case Status:

Mrs. W pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay a \$500 fine, \$1004 in investigation expenses, and 18 months probation.

IFD-2020-00312-C

Filing Date: 11/03/2020

Charges Filed:

Forgery, Felony 3

Integrated Insurance Solutions:

Forged Certificate of Insurance:

In August of 2020 Mr. M who is a building contractor, submitted a certificate of insurance in order to be hired as a builder. The investigation discovered that Mr. M had altered a previous insurance certificate and had not been insured since 2018.

Case Status:

Mr. M pled guilty to "Misdemeanor A" Forgery and was ordered to pay a \$500 fine, \$281 in investigation expenses, and 12 months probation.

Summary of Criminal Cases Filed

IFD-2020-00327-C

Filing Date: 11/04/2020

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$766

Application Fraud/Auto Glass Past Posting Claim:

In June of 2020 Mrs. M inquired about windshield glass protection on her auto policy. After learning she had no coverage she added the coverage. In July of 2020, Mrs. M filed an auto glass claim alleging that the damage had occurred after the policy was upgraded. The investigation learned that the glass damage had occurred prior to auto glass coverage being added.

Case Status:

Mrs. M pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay a \$500 fine, \$150 in investigation expenses, and 18 months probation.

IFD-2020-00326-C

Filing Date: 11/05/2020

Charges Filed:

Workers Comp Insurance Fraud, Felony 3

WCF: \$1,046

Collecting TTD Payments while Working:

In August of 2019 Mr. H reported he was injured while working for an HVAC company. During the course of the claim, Mr. H received total temporary disability payments while he claimed to be unable to work. It was discovered that Mr. H had returned to work for another HVAC company while he was collecting TTD benefits.

Case Status:

Mr. H pled guilty to a "Class A Misdemeanor" Workers Compensation Insurance Fraud and was ordered to pay \$1,046 in restitution to WCF, \$500 in fines, \$414 in investigation expenses to the IFD, and 36 months probation.

Summary of Criminal Cases Filed

IFD-2020-00299-C

Filing Date: 11/05/2020

Charges Filed:

Progressive: \$2,000

Insurance Fraud, Misdemeanor A

Application Fraud/Hail Damage Past Posting:

In July of 2020 Mrs. S applied for additional coverage on her auto policy stating she had no prior damages on her vehicle. A few weeks later Mrs. S filed a hail damage claim alleging her vehicle was damaged that same day by hail. The investigation discovered that photos showing the hail damages were taken prior to when she added the additional coverage.

Case Status:

Mrs. S pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay a \$500 fine and \$1,155 in investigation expenses to the IFD, and 36 months probation.

IFD-2020-00235-C

Filing Date: 11/06/2020

Charges Filed:

GEICO: \$23,730

Insurance Fraud, Felony 2

Criminal Solicitation, Felony 3

False Information to Police, Misdemeanor B

Owner Give Up / False Auto Theft and Damage Claim:

In March of 2020 Mr. G crashed his vehicle into a ditch while off roading. After discovering his insurance would not cover off roading, the vehicle was pushed or driven off a cliff. Mr. G claimed he had left the vehicle stuck in the mud and that someone must have stolen it from that location and driven in off the cliff or been knocked off a cliff by a small earthquake. The investigation found that Mr. G had his vehicle towed from a different location a few days prior and had offered the tow truck driver \$1,000 if he would roll the vehicle off a cliff to total the vehicle.

Case Status:

Mr. G pled guilty to 3rd Degree Felony Insurance Fraud and "misdemeanor A" Criminal Solicitation. Mr. G was ordered to pay a \$1,000 fine, \$812 in investigation expenses to the IFD, and 36 months probation.

Summary of Criminal Cases Filed

IFD-2020-00331-C

Filing Date: 11/17/2020

Charges Filed:

Insurance Fraud, Felony 2

USAA: \$5,740

Fraudulent Receipt to Collect Replacement Costs:

In September 2019 Mrs. C filed a loss claim that several items of property had been stolen. In July 2020, Mrs. C submitted receipts claiming she had replaced the property and wanted to obtain the additional claim value difference between depreciated value and replacement value. The investigation discovered that Mrs. C had either obtained quotes and never made the replacement purchase or had purchased items and later returned them and was not entitled to the replacement cost of the claim.

Case Status:

Pending Court Action

IFD-2020-00259-C

Filing Date: 11/17/2020

Charges Filed:

Criminal Solicitation, Felony 3

MGA: \$9,600

Runner for Chiropractic Firm:

In November 2019 and again in May 2020, cases were received by IFD alleging Mrs. C was acting as a runner enlisting people involved in auto accidents to pretend to be injured and to be treated at a chiropractic clinic. An undercover investigation commenced with calls to Mrs. C who advised the undercover investigator that he needed to meet with her, an attorney, and the chiropractor for treatment even though the undercover stated he was not injured in the accident. The investigation discovered that Mrs. C was receiving payment for referring patients to the chiropractor.

Case Status:

Mrs. C pled guilty to "Misdemeanor A" Criminal Solicitation and was ordered to pay a \$1,000 fine, \$1,029 in investigation expenses, and 24 month probation.

Summary of Criminal Cases Filed

IFD-2020-00317-C

Filing Date: 11/17/2020

Charges Filed:

Insurance Fraud, Felony 3
Forgery, Felony 3

Bear River: \$21,750

Paper Accident/False Injury Claims/Forged Documents:

In November of 2019 Mr. L and his son both claimed to have been involved in a vehicle accident while working for Mr. L's towing company. After exhausting their Personal Injury Protection coverage of \$3,000. The L's both claimed to be unable to work. Bear River paid both for lost wages and later discovered that the towing company owned by Mr. L was not licensed and was not approved to be in business. Mr. L's son also provided a forged physician medical report that he could not work.

Case Status:

Mr. L pled guilty to "Misdemeanor A" Insurance Fraud and "Misdemeanor A" Forgery. Mr. L was ordered to pay \$3,250 in restitution to Bear River Insurance, \$762 in investigation expenses to the IFD, 25 hours community service, and 24 months probation.

IFD-2020-00343

Filing Date: 11/19/2020

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$3,884

Application Fraud / Auto Accident Past Posting:

In September of 2020 Mr. S was involved in a vehicle accident while having only liability insurance on his vehicle. After the accident Mr. S added collision coverage to his policy and then filed a claim that the accident occurred after he had added the additional coverage.

Case Status:

Mr. S pled guilty to "Misdemeanor B" Insurance Fraud and was ordered to pay a \$250 fine, \$954 in investigation expenses, and 12 months probation.

Summary of Criminal Cases Filed

IFD-2020-00353-C

Filing Date: 11/19/2020

Charges Filed:

Progressive: \$3,026

Insurance Fraud, Misdemeanor A
Driving Without Insurance, Misdemeanor C

Application Fraud / Auto Accident Past Posting:

In July of 2020 Mrs. H was involved in an accident while driving her vehicle without insurance which had been cancelled for non-payment. Mrs. H's husband renewed the policy and claimed the vehicle had not been in any accidents and later reported the accident after obtaining coverage. The investigation found that Mr. H lied about when the accident happened in order to obtain coverage.

Case Status:

Mr. H pled guilty to "Misdemeanor B" Insurance Fraud and was ordered to pay a fine of \$500, \$879 in investigation expenses to the IFD, and 12 month probation.

IFD-2020-00359-C

Filing Date: 12/01/2020

Charges Filed:

State Farm: \$100,000
ALPHA: \$3,000

Insurance Fraud, Felony 3
Insurance Fraud, Felony 2
Insurance Fraud, Felony 2

Auto Accident Jump In / False Injury Claims:

In March of 2018 Mrs. R was involved in an auto accident. At the time of the accident she reported that she had a passenger Mr. R, her father. Later Mr. R sought extensive medical treatment and obtained an attorney to seek a settlement of \$100,000 for injuries. The investigation discovered that Mr. R was never in the vehicle at the time of the accident and that the injury claims were fraudulent.

Case Status:

Both Mrs. And Mr. R pled guilty to "Misdemeanor A" Insurance Fraud. Each were ordered to pay \$3,000 in restitution to ALPHA, a fine of \$500, and \$477 in investigation expenses to the IFD, as well as 24 months probation and 50 hours of community service.

Summary of Criminal Cases Filed

IFD-2029-00339-C

Filing Date: 12/03/2020

Charges Filed:

AFLAC: \$900

Insurance Fraud, Misdemeanor A

Forged/False Medical Bills:

In May of 2018 Mrs. C presented medical bills to AFLAC for reimbursement for x-rays that Mrs. C claimed to have paid for. It was later discovered that Mrs. C had never had the x-rays done and that the billings were forgeries. Mrs. C agreed to pay back AFLAC to avoid criminal charges.

Case Status:

In the interest of justice, Mrs. C was granted a diversion agreement and charges were dismissed. Mrs. C lived in California and agreed to repay AFLAC. A decision was made that we would not pay to extradite Mrs. C from California on a misdemeanor charge.

IFD-2020-00337-C

Filing Date: 12/04/2020

Charges Filed:

Progressive: \$11,103

Insurance Fraud, Felony 2

Insurance Fraud, Felony 2

Auto Accident Past Posting/Application Fraud:

In March of 2020 Mrs. C was involved in an auto vs. deer accident while driving without insurance. She notified her husband who reinstated and renewed their insurance and later claimed the accident happened after they had reinstated their insurance.

Case Status:

Mrs. C pled guilty to "Misdemeanor A" Insurance Fraud and was sentenced to pay \$1,500 in investigation expenses and 18 months on probation.

Summary of Criminal Cases Filed

IFD-2020-00277-C

Filing Date: 12/07/2020

Charges Filed:

Esurance: \$2,743

Insurance Fraud, Misdemeanor A

Auto Accident Past Posting/Application Fraud:

In May of 2020, Mr. L was involved in an auto accident while driving without insurance. Mr. L purchased a policy online and later claimed the accident occurred after he was insured. The investigation proved that Mr. L purchased the policy after the accident.

Case Status:

Mr. L pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay \$251 in investigation expenses, 50 hours community service, and 12 months probation.

IFD-2020-00303-C

Filing Date: 12/08/2020

Charges Filed:

Permanent General: \$1,679

Insurance Fraud, Felony 3

Driving Without Insurance, Misdemeanor C

Auto Accident Past Posting/Application Fraud:

In July of 2020 Mrs. S was involved in an auto accident while driving without insurance. Mrs. S purchased an auto insurance policy online and later reported the accident had occurred after the insurance was purchased.

Case Status:

An arrest warrant was issued.

Summary of Criminal Cases Filed

IFD-2020-00374-C

Filing Date: 12/22/2020

Charges Filed:

Progressive: \$2,421

Insurance Fraud, Felony 3
Driving Without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:

In September of 2020 Mr. R was involved in an auto accident while driving without insurance. Mr. R purchased insurance and then filed a claim that the accident occurred after he was insured.

Case Status:

Mr. R pled guilty to "Misdemeanor A" Insurance Fraud and "Misdemeanor C" Driving Without Insurance and was ordered to pay the other driver \$2,421, a \$420 fine, \$452 in investigation expenses, and 12 months probation.

IFD-2020-00324-C

Filing Date: 01/05/2021

Charges Filed:

Nationwide: \$830

Insurance Fraud, Misdemeanor A

Inflated Damages:

In July 2020, Mr. S was involved in an auto collision with a deer. When filing his claim, Mr. S alleged that the tailgate of his truck was also damaged as a result of the accident. The investigation discovered that the tailgate was not on the vehicle at the time of the accident and Mr. S was attempting to get a new tailgate which was missing.

Case Status:

Mr. S pled guilty to "Misdemeanor B" Insurance Fraud and was ordered to pay \$553 in fines, \$452 in investigation expenses, and 12 months probation.

Summary of Criminal Cases Filed

IFD-2020-00364-C

Filing Date: 01/06/2021

Charges Filed:

Insurance Fraud, Misdemeanor A
Insurance Fraud, Misdemeanor A

Progressive: \$2,591

Application Fraud/Auto Accident Past Posting:

In September 2020 Mrs. W and Mr. Y were involved in an auto accident while driving without insurance. Mr. Y told the other driver he would contact them with their insurance later that day. Mrs. W purchased insurance after the accident and they provided the information to the other driver to file the claim. Both admitted they had obtained the insurance after the accident and lied to the insurance when filing their claim.

Case Status:

Pending Court Action

IFD-00386-C

Filing Date: 01/07/2021

Charges Filed:

Insurance Fraud, Felony 2

GEICO: \$16,150

Inflated Damages:

In July of 2020 Mrs. J reported her car was damaged in a hit and run while her car was parked. Mrs. J provided photos of her damaged car which were later discovered in the investigation to have been downloaded from the internet and were not photos of her car. The actual damages were considerably less and Mrs. J was attempting to get more money from her claim.

Case Status:

Mrs. J pled guilty to Felony 3 Insurance Fraud and was ordered to pay a \$500 fine and \$439 in investigation expenses.

Summary of Criminal Cases Filed

IFD-2020-00304-C

Filing Date: 01/14/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Liberty Mutual:

\$717

False Accident/Damage Claim:

In July of 2020 Mrs. S filed a claim that she had hit a deer causing damage to her vehicle. The investigation discovered that she never hit a deer but rather the car had a mechanical failure that Mrs. S was trying to get covered by her insurance policy.

Case Status:

Pending Court Action

IFD-2020-00294-C

Filing Date: 01/19/2021

Charges Filed:

Insurance Fraud, Felony 2

Identity Fraud, Felony 2

Esurance:

\$5,205

False Accident/Damage Claim:

In June of 2020 Mr. S filed a claim with Esurance that his wife had hit an object in the roadway that damaged his car. The investigation discovered that Mrs. S was not married and the person he claimed to have been driving the car denied that she had an accident while driving his car. Further, Mr. S filed a similar claim with Root Insurance a few weeks prior which was denied as mechanical failure. Mr. S then obtained a policy with Esurance and lied about the mechanical damages in an effort to obtain coverage. Despite the false insurance claims, the auto manufacturer determined the damage to be covered under warranty and replaced the engine in the vehicle.

Case Status:

Mr. S pled guilty to Felony 3 Insurance Fraud and was ordered to pay \$580 in investigation expenses. He was currently in prison for another crime and was ordered to serve concurrent time with his current sentence.

Summary of Criminal Cases Filed

IFD-2020-00189-C

Filing Date: 01/20/2021

Charges Filed:

Insurance Fraud, Felony 2
Forgery, Felony 3

21st Century: \$3,968

Toggle Insurance: \$3,968

False Burglary/Forged Receipts:

In February of 2020 Mrs. H reported her vehicle was burglarized. Mrs. H filed claims with both her auto insurance and her renter's insurance for the same items. As the claim progressed the claims adjuster became suspicious and Mrs. H stopped cooperating. The investigation discovered that at least one receipt for jewelry which was presented by Mrs. H was forged.

Case Status:

Court Case Pending

IFD-2020-00400-C

Filing Date: 01/28/2021

Charges Filed:

Insurance Fraud, Felony 2
Forgery, Felony 3

Allstate: \$10,435

Auto Accident Past Posting/Application Fraud/Forgery:

In November of 2020 Mrs. R was involved in an auto accident while driving without insurance. Mrs. R purchased an Allstate policy after the accident and in an effort to defraud Allstate, she altered the date of the accident on the police witness exchange form that she then presented to Allstate.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2020-00367-C

Filing Date: 02/01/2021

Charges Filed:

Identity Fraud, Felony 3

Claim Management: \$2,881

Slip and Fall/False Injuries:

In July 2020 Mrs. B claimed she slipped on a wet substance and fell on her back in a Walmart while shopping. Mrs. B later claimed that she had been injured. The investigation uncovered video which showed that there was no wet substance on the floor and that Mrs. B had tripped, had not fallen on her back, and had returned to her feet without any sign of injury.

Case Status:

Court Case Pending

IFD-2020-00381-C

Filing Date: 02/02/2021

Charges Filed:

Insurance Fraud, Felony 3

State Farm: \$2,710

False Auto Theft:

In January of 2020 Mr. A filed a claim that his van had been stolen from a WinCo parking lot. Mr. A claimed he had replaced the rims and tires on the vehicle prior to the alleged theft. The investigation discovered that the van was actually impounded by police a few days later after being reported by residents that it was parked and had been abandoned for several weeks on a street five miles away from the WinCo. Evidence indicates that the tires and rims had never been replaced.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2020-00404-C

Filing Date: 02/02/2021

Charges Filed:

Insurance Fraud, Felony 3

Insurance Fraud, Felony 3

Safco: \$3,645

Pre-existing Damages:

In August of 2020 Mr. D filed two claims with Safeco for damages to his vehicle which he claimed to have occurred on two consecutive dates. The investigation located evidence that the damage on the vehicle was present back to at least 2018, prior to when Mr. D was insured by Safco.

Case Status:

Court Case Pending

IFD-2020-00154-C

Filing Date: 02/02/2021

Charges Filed:

Insurance Fraud, Felony 2

False Report to Police, Misdemeanor B

Progressive: \$10,771

Staged Burglary/False Claim:

In January of 2020 Mr. W filed a claim with the St. George police Dept. that his travel trailer he was living in had been burglarized and several high dollar value items stolen. After calling to file his insurance claim, Mr. W failed to hang up his phone and was recorded talking about needing to take photos of TV's, bikes, etc., and the need to mess the place up and break the lock on the trailer before they reported to the police. The receipts Mr. W provided were unable to be verified and a photo of jewelry reported to have been taken 18 years ago was found to have been taken after the theft and at a location a few miles from his home.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2020-00384-C

Filing Date: 02/11/2021

Charges Filed:

Insurance Fraud, Felony 3

Allstate: \$3,792

Paper Auto Accident/Prior Damages:

In August of 2020 Mr. L filed a claim that he had run into two deer with his truck. The investigation found that Mr. L had been involved in a prior accident in May of 2020 in which he had run into the back of another vehicle. The damages claimed in the August accident were the same damages that were caused in the May accident. Mr. L denied there were prior damages.

Case Status:

A warrant for Mr. L's arrest was issued

IFD-2021-00004-C

Filing Date: 2/11/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$3,449

Changing Deductible/Auto Accident Past Posting:

In August of 2020 Mr. P lowered his deductible from \$2,000 to \$1,000 on his auto policy. In November Mr. P filed a claim that he was in an accident in September of 2020. The investigation determined that Mr. P was actually in the accident in July prior to him reducing his deductible.

Case Status:

Mr. P pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay a \$1,000 fine, \$500 in investigation expenses to the IFD, 15 hours community service, and 24 month probation.

Summary of Criminal Cases Filed

IFD-2020-00400-C

Filing Date: 02/11/2021

Charges Filed:

Progressive: \$1,919

Insurance Fraud, Misdemeanor A
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:

In July of 2020 Mr. B backed into a neighbor's vehicle while his policy had lapsed for non-payment. Mr. B reinstated his auto policy and then filed a claim stating the accident had occurred after he was insured.

Case Status:

Mr. B pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay American National \$1,919, \$200 in investigation expenses to the IFD, and 24 months probation.

IFD-2020-00416-C

Filing Date: 02/16/2021

Charges Filed:

GEICO: \$4,017

Insurance Fraud, Felony 3

Pre-Existing Auto Damage:

In August of 2020 Mrs. C obtained a GEICO policy. Three months later she filed a damage claim to her vehicle. The investigation discovered that the damages actually occurred prior to her obtaining the policy with GEICO.

Case Status:

Mrs. C pled guilty to Felony 3 Insurance Fraud and was ordered to pay a \$1,000 fine, \$175 in investigation expenses to the IFD, and 36 months probation.

Summary of Criminal Cases Filed

IFD-2020-00101-C

Filing Date: 02/16/2021

Charges Filed:

Workers Compensation Insurance Fraud, Felony 2
Identity Fraud, Felony 3

Auto Owners: \$300,000

Working While Collecting TTD/Malingering/Identity Fraud:

In March of 2017 Mr. S reported to be injured on his job. It was discovered that while Mr. S was collecting disability payments, he was actually working doing things he claimed he was unable to do. Mr. S also claimed to have had no prior injuries but he was found to have filed several prior accident claims and has used different social security numbers belonging to other people in his claims.

Case Status:

Court Case Pending

IFD-2020-00346-C

Filing Date: 02/16/2021

Charges Filed:

Workers Compensation Insurance Fraud, Felony 2

WCF: \$70,941

False Accident/Injury Claim:

In August of 2020 Mr. T claimed to be injured while driving a golf cart while employed at an apartment complex and alleged a tenant backed out of a parking stall and ran into him on the golf cart. The investigation discovered that the accident never occurred, Mr. T was standing in front of the tenants car when it backed out and was not on the golf cart, and the golf cart was never hit.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2020-00393-C

Filing Date: 02/22/2021

Charges Filed:

Insurance Fraud, Felony 2
Forgery, Felony 3

Auto Owners: \$ Unknown

Presenting Forged Insurance Policy Documents:

In April 2020 Mr. D presented a certificate of insurance to a construction company in order to be allowed to subcontract on a project. While working on the construction site Mr. D's company caused a fire which caused significant damages. A claim for damages was later filed against this policy and it was discovered that it had expired and that Mr. D had altered the documents he provided to make it look like he was insured.

Case Status:

Court Case Pending

IFD-2020-00334-C

Filing Date: 02/24/2021

Charges Filed:

Insurance Fraud, Felony 2

GEICO: \$6,111

Paper Accident/Application Fraud/Auto Accident Past Posting

In June of 2020 Mrs. H purchased a policy for her Polaris Razer. In August of 2020 Mrs. H filed a claim that a permissive driver swerved to avoid a deer and the UTV rolled. The investigation discovered that the UTV had been dropped off at a repair shop prior to the purchase of the policy and had been there since for repairs.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

IFD-2021-00011-C

Filing Date: 03/03/2021

Charges Filed:

Progressive: \$1.352

Insurance Fraud, Misdemeanor A
Driving Without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:

In November of 2020 Mrs. L struck a deer while driving without insurance. Mrs. L purchased an insurance policy from Progressive and then filed a claim that the accident occurred after the policy was purchased.

Case Status:

Mrs. L pled guilty to "Misdemeanor A" Insurance Fraud and "Misdemeanor C" Driving Without Insurance and was ordered to pay a \$650 fine, \$866 in investigation expenses to the IFD, and 18 months probation.

IFD-2020-00344-C

Filing Date: 03/10/2021

Charges Filed:

WCF: \$4,694

Workers Compensation Insurance Fraud, Felony 3

Workers Compensation Fraud/Malingering:

In September of 2020 Mr. M was injured when a shelf fell on him at work. During the period of time that Mr. M was receiving total temporary disability payments it was discovered that Mr. M was misrepresenting his ability to return to work. Mr. M was found to be performing tasks that indicated he was malingering in an effort to collect additional payments he was not entitled to.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00031-C

Filing Date: 03/11/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$3,272

Application Fraud/Auto Accident Past Posting:

In December of 2020 Mrs. P was involved in an auto accident while driving without insurance. The policy was reinstated within minutes after the accident by Mrs. P's fiancée. Mrs. P claimed that her policy had been renewed prior to her leaving the house and prior to the accident.

Case Status:

Court Case Pending

IFD-2021-00013-C

Filing Date: 03/11/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$1,600

Application Fraud/Auto Accident Past Posting:

In October of 2020 Mr. Z was involved in an auto accident while driving without insurance. Mr. Z obtained insurance after the accident and then claimed the accident happened after he was insured.

Case Status:

Mr. Z pled guilty to "Misdemeanor B" Insurance Fraud and was ordered to pay a \$700 fine, \$276 in investigation expenses to the IFD, and 12 months probation.

Summary of Criminal Cases Filed

IFD-2021-00020-C

Filing Date: 03/18/2021

Charges Filed:

WCF: \$3,731

Workers Comp Insurance Fraud, Felony 3
Identity Fraud, Felony 2

Workers Compensation Fraud/Collecting TTD While Working:

In February of 2020 Mr. C was injured while working. It was later discovered that Mr. C had returned to work for a different company while he was collecting total temporary disability payments for not being able to work for the company where he was originally injured. It was also discovered that Mr. C was in the U.S. on a work visa and was only allowed to work for the second company. He had provided a false SSN to the company where he was injured.

Case Status:

An arrest warrant was issued for Mr. C

IFD-2021-00015-C

Filing Date: 03/18/2021

Charges Filed:

Esurance: \$4,728

Insurance Fraud, Felony 3

Application Fraud/Auto Accident Past Posting:

In December of 2020 Mrs. C was involved in an auto accident while driving without insurance. Mrs. C purchased insurance after the accident and she claimed the accident occurred after the insurance was purchased.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00025-C

Filing Date: 03/25/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Root Insurance: \$1,167

Application Fraud/Auto Accident Past Posting:

In October of 2020 Mrs. B was involved in an auto accident while driving without insurance. After the accident Mrs. B purchased insurance and then claimed the accident had occurred after she had purchased the insurance.

Case Status:

Court Case Pending

IFD-2021-00014-C

Filing Date: 03/25/2021

Charges Filed:

Insurance Fraud, Felony 2

Bristol West: \$9,630

Application Fraud/Auto Accident Past Posting:

In October of 2020 Mrs. K reported she had been in an accident. Mrs. K had purchased her insurance policy in August of 2020. The investigation discovered that Mrs. K's vehicle had been towed to an auto repair facility prior to her purchase of the insurance with significant damage and was not drivable. The vehicle was still at the repair shop when Mrs. K filed the auto accident claim.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00024-C

Filing Date: 03/25/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$4,964

Application Fraud/Auto Accident Past Posting:

In July 2020 Mr. L was involved in an auto accident while driving without insurance. After the accident Mr. L purchased insurance and then claimed the accident occurred after the insurance had been purchased.

Case Status:

Court Case Pending

IFD-2020-00412-C

Filing Date: 03/25/2021

Charges Filed:

Insurance Fraud, Felony 2
License Plate Violation, Misdemeanor C

SAFECO: \$6,000

False Damage Claim:

In October of 2020 Mr. M filed a claim that his Audi had been vandalized while parked in front of his home. The investigation discovered that Mr. M had purchased the vehicle with the damages already present. The investigation also discovered that photos of the vehicle in the repair shop showed that the license plates on the vehicle belonged to a different vehicle belonging to an associate of Mr. M and did not belong on the Audi.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00033-C

Filing Date: 03/30/2021

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$1,867

Application Fraud/Premium Avoidance:

In September of 2020 Mrs. R applied for an insurance policy listing three vehicles and stating she was the only driver. In November of 2020, Mrs. R's son was involved in an auto accident while driving one of these vehicles. It was discovered that the vehicle was owned by the son. Had the son been listed on the policy the premiums would have increased by \$1,867.

Case Status:

Court Case Pending

IFD-2021-00062-C

Filing Date: 04/14/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Metropolitan: \$10,000

Application Fraud/Premium Avoidance:

In October of 2020 Mrs. H purchased auto insurance from Met Life and stated she was the only driver in the house. In November and again in December of 2020, Mrs. H's boyfriend who resided in the house, was the cause of two hit and run accidents. The vehicles were also owned by the boyfriend Mr. A but listed by Mrs. H on her policy as being owned by her.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00054-C

Filing Date: 04/15/2021

Charges Filed:

Progressive: \$1.497

Insurance Fraud, Misdemeanor A
Insurance Fraud, Misdemeanor A

Auto Accident Jump In/False Injuries:

In December of 2020 Mr. M was involved in an auto accident where he was run into by another person. Later that month Mrs. T filed a claim that she was the driver during the accident and that Mr. M was the passenger. Mrs. T claimed that she had been injured. The investigation found that Mr. M was the driver and that Mrs. T was never in the vehicle at the time of the accident.

Case Status:

Court Case Pending

IFD-2020-00349-C

Filing Date: 04/20/2021

Charges Filed:

Permanent General: \$2,500

Insurance Fraud, Misdemeanor A

Application Fraud/Auto Accident Past Posting:

In September of 2020 Mr. B was involved in an auto accident while driving without insurance. Mr. B purchased a policy and then claimed the accident happened the day after he purchased the insurance.

Case Status:

Mr. B pled guilty to "Misdemeanor A" Insurance Fraud and was ordered to pay a \$500 fine, \$426 in investigation expenses to the IFD, and 24 months probation.

Summary of Criminal Cases Filed

IFD-2021-00083-C

Filing Date: 04/20/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$5,000

Application Fraud/Travel Trailer Prior Damages:

In September of 2020 Mr. D obtained a policy for his 2016 fifth wheel trailer. In November 2020 Mr. D filed a claim that a tree had fallen on the top of his trailer causing damages. The investigation discovered that the damages had occurred prior to Mr. D obtaining the insurance policy.

Case Status:

Court Case Pending

IFD-2021-00022-C

Filing Date: 05/03/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

CSAA: \$35,000

Application Fraud/Auto Theft Past Posting:

In October of 2020 Mrs. V's 2017 BMW was stolen. A few days later Mrs. V purchased a policy through CSAA and then filed a theft claim stating the car was stolen after she had obtained insurance. The vehicle was later recovered.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2020-00407-C

Filing Date: 05/03/2021

Charges Filed:

State Auto: \$521

Insurance Fraud, Misdemeanor A

Exaggerated Injury:

In December of 2019 Mrs. V was involved in an auto accident and later claimed injuries. During the claim Mrs. V stated that no one was injured. Several months later she filed a claim for injuries and stated her car was no longer operating. During the investigation Mrs. V admitted she was never injured but went to a chiropractor after someone recruited her to go see the chiropractor. Mrs. V would not name the runner who recruited her to see the chiropractor. Mrs. V received treatments that were not medically necessary.

Case Status:

Court Case Pending

IFD-2021-00023-C

Filing Date: 05/05/2021

Charges Filed:

Progressive: \$3,800

Insurance Fraud, Felony 3

Application Fraud/Auto Accident Past Posting:

In December of 2020 Mrs. C was involved in an auto accident while driving without insurance. Mrs. C purchased insurance after the accident and then filed a claim that the accident occurred after she was insured.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00105-C

Filing Date: 05/05/2021

Charges Filed:

Metro Title: \$30,000

Unlawful Dealing of Property by Fiduciary, Felony 2

Agent Fraud/Unlawful Diversion of Funds for Personal Use:

In March of 2021 it was discovered through a routine audit that an employed agent of a Title company had stolen trust funds. The investigation discovered that Mrs. S diverted trust funds to her son in February of 2021 with the intent that she would pay back the funds at a later date. The son was not aware of where the funds Mrs. S transferred were obtained from.

Case Status:

Court Case Pending but as a result of the investigation Mrs. S has repaid the Title company the \$30,000 that she stole.

IFD-2021-00057-C

Filing Date: 05/07/2021

Charges Filed:

Berkshire Hathaway: \$18,923

Workers Compensation Insurance Fraud, Felony 2

False Statements to Obtain Workers Compensation Coverage:

In October of 2019 Mrs. B was involved in an auto accident while on her way to work. Ms. B stated that she had driven to work prior to the accident so she would start her time on the clock at work and then was involved in the accident. Mrs. B worked for a home healthcare agency and would be covered under workers compensation if she was traveling to and from assigned homes to visit. The investigation discovered that Ms. B had not driven to work to start her day but was involved in the accident prior to working.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00021-C

Filing Date: 05/11/2021

Charges Filed:

Insurance Fraud, Felony 3

Root Insurance:

\$2,790

Auto Accident Past Posting:

In August of 2020 Mr. F hit a deer while driving in Wyoming. After striking the deer, Mr. F added full coverage to his insurance in an effort to have the damages paid for. The investigation discovered that the accident had occurred prior to his adding the additional coverage to his policy.

Case Status:

Court Case Pending

IFD-2020-00305-C

Filing Date: 05/12/2021

Charges Filed:

Insurance Fraud, Felony 2

Progressive:

\$30,000

Auto Arson/False Auto Theft Claim:

In June of 2020 Mrs. D was contacted by the Provo Police Department which had found her 2016 Jetta destroyed in a fire in Orem. Mrs. D claimed she had not realized her car was missing and reported it to have been stolen. The investigation discovered that Mrs. D's Jetta had mechanical damages and she was behind on payments. Mrs. D had enlisted a friend to take the car and destroy it so that she could file an insurance claim and get out from under the car troubles and loan payments she could not afford.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00131-C

Filing Date: 05/13/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$633

Application Fraud/Premium Avoidance:

In February of 2021, Mr. J's son was involved in an accident when he struck an object on the freeway causing the engine to blow the head gaskets and destroyed the radiator. It was discovered that when Mr. J applied for their insurance policy, he only listed he and his wife as drivers and intentionally did not list their adult son on the policy to avoid paying 31% more in premiums.

Case Status:

Court Case Pending

IFD-2021-00087-C

Filing Date: 05/14/2021

Charges Filed:

Insurance Fraud, Felony 3

Esurance: \$2,945

Application Fraud/Auto Accident Past Posting:

In January of 2021 Mrs. W removed her Honda Accord from her insurance policy. In February of 2021 Mrs. W was involved in an auto accident while driving her Honda Accord. Mrs. W placed the Accord back on her policy. Mrs. W then filed a claim that the accident happened after she had placed the vehicle back on her policy.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00101-C

Filing Date: 05/14/2021

Charges Filed:

Insurance Fraud, Felony 3
Driving without Insurance, Misdemeanor C

Root Insurance: \$4,815

Application Fraud/Auto Accident Past Posting:

In January of 2021 Mr. M was in an auto accident while driving without insurance. After the accident Mr. M reinstated his insurance policy and then claimed the accident happened after he had reinstated his policy.

Case Status:

Court Case Pending

IFD-2021-00106-C

Filing Date: 05/21/2021

Charges Filed:

Insurance Fraud, 2 counts, Felony 2
Identity Theft, 2 counts, Felony 2
Identity Theft, Felony 3

Select Health: \$42,712

Identity Theft for Health Care Claims:

In November through December of 2020 Mrs. J, who was not insured, used another person's name and personal information during multiple health care encounters for treatment causing IHC to bill Select Health for the wrong person. The investigation discovered that the identity Mrs. J stole was that of her sister.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00099-C

Filing Date: 05/28/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Root Insurance:

\$900

Application Fraud/Auto Accident Past Posting:

In February of 2020 Mr. S was involved in an auto accident while having only liability coverage. After the accident Mr. S added full coverage to his policy and then filed a claim that the accident happened after he had added the additional coverage.

Case Status:

Court Case Pending

IFD-2021-00100-C

Filing Date: 06/03/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Root Insurance:

\$12,626

Application Fraud/Premium Avoidance:

In May of 2019 Mr. C obtained an insurance policy. At the time the policy was obtained he conspired with his son to add his son's two vehicles without adding his son to the policy in order to avoid paying increased premiums. Mr. C later filed claims that both vehicles had been stolen. Both vehicles were later recovered. Mr. C did not have an insurable interest in the cars and the claims were denied.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-02021-00143-C

Filing Date: 06/08/2021

Charges Filed:

Esurance: \$6,000

Insurance Fraud, Misdemeanor A
Driving without Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:

In March of 2021, Mr. A was involved in an auto accident while driving without insurance. At the time of the accident, Mr. A provided a false insurance policy number to the other driver. After the accident Mr. A purchased an auto policy online through Esurance and then claimed the accident happened after he had purchased the policy.

Case Status:

Court Case Pending

IFD-2021-00133-C

Filing Date: 06/10/2021

Charges Filed:

Esurance: \$4,104

Insurance Fraud, Felony 3

Application Fraud/Auto Accident Past Posting:

In February of 2021 Mrs. V was involved in an auto accident while driving without insurance. Mrs. V purchased a policy and then claimed the accident happened after she was insured.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00118-C

Filing Date: 06/10/2021

Charges Filed:

WCF: \$4,806

Workers Compensation Insurance Fraud, Felony 3

Malingering/Exaggerated Injuries:

In February of 2020 Mr. B reported he was injured at work when he slipped on ice. Mr. B claimed to be unable to work and was placed on total temporary disability while he remained unable to work. It was discovered that while he reported he was unable to work he was doing many manual tasks that he otherwise said he could not do. The investigation contends that Mr. B is exaggerating his injury and was fully able to have returned to work and exaggerated his injuries to continue getting payments for not working.

Case Status:

Court Case Pending

IFD-2021-00007-C

Filing Date: 06/15/2021

Charges Filed:

Berkshire Hathaway: \$7,670

Workers Compensation Insurance Fraud, Felony 3

Collecting TTD while Working:

In December of 2019 Mrs. F reported to have been injured while working. Mrs. F began collecting total temporary disability payments while she claimed she was unable to work due to her injuries. It was discovered that Mrs. F returned to work for a different company while she was collecting disability payments without disclosing this to the insurance company paying her TTD benefits.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00144-C

Filing Date: 06/15/2021

Charges Filed:

WCF: \$12,283

Workers Comp Insurance Fraud, Felony 2

Workers Compensation Fraud/Exaggerated –False Injuries:

In December of 2019 Mr. M claimed to have been injured while working as a window glazer. Mr. M obtained an attorney seeking total temporary disability payments. It was discovered that during this same time frame Mr. M was observed working construction type work without difficulty and that he was misrepresenting his injuries in order to obtain disability payments.

Case Status:

Court Case Pending

IFD-2021-00150-C

Filing Date: 06/22/2021

Charges Filed:

American Family: \$2,584

Insurance Fraud, Felony 3

Misrepresentations in Theft Claim:

In March of 2021 Mr. A filed a claim that two of his bikes had been stolen from his garage. The investigation found that Mr. A only owned one of the bikes and the other was owned by his girlfriend. Mr. A denied this and provided a receipt with the name of the purchaser removed. The investigation found that the bike was sold to Mr. A's girlfriend and he misrepresented ownership in order to get her bike covered by his insurance company.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00051-C

Filing Date: 06/22/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

American National: \$58,989

Application Fraud/Premium Avoidance:

In September of 2019 Mr. M completed an application for auto insurance and added a vehicle owned and exclusively driven by his son, but intentionally left his son off the policy to avoid paying increased premiums. Mr. M had no insurable interest in the vehicle. In August of 2020 Mr. M's son was involved in an auto accident causing a significant amount of damages.

Case Status:

Court Case Pending

IFD-2021-00171-C

Filing Date: 06/22/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$1,482

Paper Accident/Prior Damages:

In March of 2021 Mr. O filed a claim that a progressive insured had collided at low speed with his trailer when merging on the freeway in a construction zone. Mr. O exited his vehicle and accused the other driver of hitting his trailer. The investigation discovered that the damages that were on the trailer were caused in an accident that had been claimed in 2019. Mr. O claimed he had repaired those damages, but photos show that the damage was distinct and the same from the prior accident.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2020-00379-C

Filing Date: 06/23/2021

Charges Filed:

Workers Comp Insurance Fraud, Felony 3

WCF: \$1,463

Workers Compensation Fraud/Misrepresentation/ Collecting TTD while working:

In June of 2020 Mrs. R claimed to have been injured when a disabled client she was assisting became upset. Mrs. R claimed she had two jobs and that her secondary job could not accommodate her injury and filed for total temporary disability based on lost income from both jobs. The investigation discovered that while Mrs. R was working a limited duty assignment with her primary job she had continued to work full-time for the other job and lied when she said she had not been able to work.

Case Status:

Court Case Pending

IFD-2021-00175-C

Filing Date: 06/28/2021

Charges Filed:

Insurance Fraud, Felony 3
Forgery, Felony 3

American Family: \$2,141

False Theft of Auto Parts/Forged Documents:

In March of 2021 Mrs. B filed a claim that her catalytic converter had been stolen. She claimed that she had to have it fixed right away and presented a repair receipt for the work and claimed to have paid cash. During the investigation the insurance investigator called the phone number on the receipt and Jose answered and verified that he had charged \$1,300 in labor because it was on a Sunday and a rush job. When investigators attempted to call Jose later, they were unable to contact him and discovered the repair shop does not exist. It was later discovered that Jose was a friend of Mrs. B. When investigators followed up Jose denied knowing Mrs. B or to fixing her car.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2021-00006-C

Filing Date: 06/28/2021

Charges Filed:

Insurance Fraud, Felony 2
Forgery, 3 counts, Felony 3

USAA: \$5,339

Inflated Damages/False Invoices and Estimates:

In November of 2020 Mr. H filed a claim that his BMW was damaged when it was towed by a towing company. He sought repairs to the clear bra and ceramic coatings he claimed were damaged. Mr. H presented a receipt showing he had paid for the clear bra and coatings in Las Vegas. The receipt was found to be forged. Mr. H also presented two estimates to show how much the repairs would cost. Both estimates were also found to be forgeries.

Case Status:

Court Case Pending

IFD-2021-00187-C

Filing Date: 06/28/2021

Charges Filed:

Insurance Fraud, Misdemeanor A

Progressive: \$3,000

Application Fraud/Auto Accident Past Posting:

In April of 2021 Mr. H was involved in an auto accident while driving without insurance. After the accident Mr. H obtained insurance and then filed a claim that the accident had occurred after he was insured.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2020-00123-C

Filing Date: 6/22/2020

Charges Filed:

Insurance Fraud, Felony 2

Insurance Fraud, Felony 2

Bear River: \$16,223

False/Inflicted Damages to Auto:

In November of 2019 Mr. J and Mrs. J conspired to file a claim that their vehicle was damaged by a hail storm. Upon inspection of the vehicle the damages were not caused by hail but were intentionally inflicted on the vehicle. The investigation found that Mr. J has filed several questionable claims in the past for damages that were not consistent with his claims.

Case Status:

Court Case Pending

IFD-2021-00096-C

Filing Date: 6/23/2020

Charges Filed:

Insurance Fraud, Felony 2

Controlled Substance, Misdemeanor A

Insurance Fraud, Felony 2

Controlled Substance, Misdemeanor A

Select Health: \$542,383

Doctor Shopping/Seeking Medically Unnecessary Treatment:

Between September of 2018 through February of 2021, Mr. N and Mr. T sought medical treatment at emergency rooms. They often visited different hospitals on the same day in an effort to obtain prescriptions for controlled substances. During this time period they had over 130 emergency room visits and obtained more than 40 different prescriptions from 34 different providers for narcotics.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

IFD-2020-00355-C

Filing Date: 6/23/2020

Charges Filed:

Insurance Fraud, Felony 3
Forgery, Felony 3

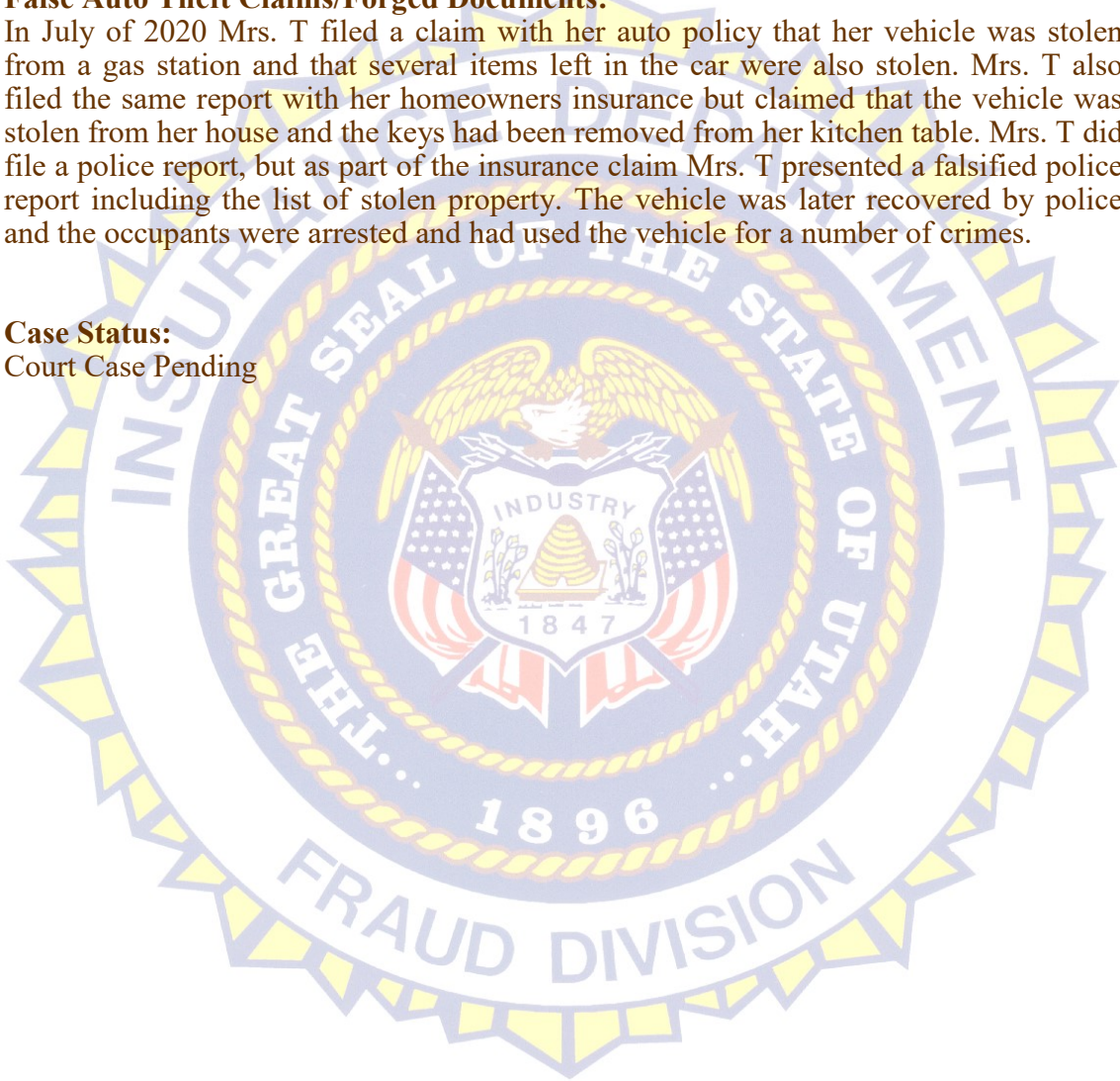
SAFECO: \$3,323

False Auto Theft Claims/Forged Documents:

In July of 2020 Mrs. T filed a claim with her auto policy that her vehicle was stolen from a gas station and that several items left in the car were also stolen. Mrs. T also filed the same report with her homeowners insurance but claimed that the vehicle was stolen from her house and the keys had been removed from her kitchen table. Mrs. T did file a police report, but as part of the insurance claim Mrs. T presented a falsified police report including the list of stolen property. The vehicle was later recovered by police and the occupants were arrested and had used the vehicle for a number of crimes.

Case Status:

Court Case Pending



The seal of the Utah Insurance Department is a circular emblem. It features a central shield with a sunburst at the top, a star on the left, and a sheaf of wheat on the right. The word "INDUSTRY" is inscribed on the shield. The shield is surrounded by a rope border. The outer ring of the seal contains the text "INSURANCE DEPARTMENT" at the top and "FRAUD DIVISION" at the bottom, separated by a decorative border.

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